

Division of Health Licensing

County: Beaufort

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BAYVIEW MANOR 11 TODD DR BEAUFORT, SC 29902-6113 FAC.#:843-524-8911 HAMM, SUE PH#: 803-256-4983 Facility Email: ADMIN@BAYVIEWMANOR.NET	Beaufort / Ltd. Liability 11 TODD DR BEAUFORT, SC 29902-6113 BAYVIEW MANOR LLC NCF-0898 / 05/31/2014	170
Licensed Beds: Nursing Home: 170 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
BROAD CREEK CARE CENTER SKILLED NURSING 801 LEMON GRASS CT HILTON HEAD ISLAND, SC 29928-3022 FAC.#:843-341-7300 JOHNSON, STEPHANI PH#: 843-341-7300 Facility Email: SJOHNSON@VILIVING.COM	Beaufort / Corporation 700 TIDEPOINTE WAY HILTON HEAD ISLAND, SC 29928-3040 CC-HILTON HEAD INC NCF-0753 / 07/31/2014	25
Licensed Beds: Nursing Home: 25 Institutional Nursing Home: 0		
Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
FRASER HEALTH CARE 300 WOODHAVEN DR HILTON HEAD ISLAND, SC 29928-4682 FAC.#:843-842-3747 MILLER, LINDA D PH#: 843-842-3747 Facility Email: LMILLER@THESEABROOK.COM	Beaufort / Non-Profit Corporation 300 WOODHAVEN DR HILTON HEAD ISLAND, SC 29928-4682 SEABROOK OF HILTON HEAD INC NCF-0414 / 09/30/2014	33
Licensed Beds: Nursing Home: 19 Institutional Nursing Home: 14		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
LIFE CARE CENTER OF HILTON HEAD 120 LAMOTTE DR HILTON HEAD ISLAND, SC 29926-2792 FAC.#:843-681-6006 BOUZY, PHILIPPE B PH#: 000-000-0000 Facility Email: PHILIPPE_BOUZY@LCCA.COM	Beaufort / Corporation 120 LAMOTTE DR HILTON HEAD ISLAND, SC 29926-2792 LIFE CARE CENTERS OF AMERICA INC NCF-0725 / 05/31/2014	88
Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		

Division of Health Licensing

County: Beaufort

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
NHC HEALTHCARE BLUFFTON 3039 OKATIE HWY BLUFFTON, SC 29909-5101 FAC.#:843-705-8220 TAYLOR, WADE J PH#: 843-705-8220 Facility Email: ADMINISTRATOR#@NHCBLUFFTON.COM	Beaufort / Limited Liability 3039 OKATIE HWY BLUFFTON, SC 29909-5101 NHC HEALTHCARE/BLUFFTON LLC NCF-0958 / 01/31/2014	120

Licensed Beds: Nursing Home: 120 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

PRESTON HEALTH CENTER 87 BIRDSONG WAY HILTON HEAD ISLAND, SC 29926-1365 FAC.#:843-689-7077 REP KING, JULIE E PH#: 843-689-7007 Facility Email: JREP KING@THECYPRESS.COM	Beaufort / Limited Liability Limited Partnership 87 BIRDSONG WAY HILTON HEAD ISLAND, SC 29926-1365 CYPRESS OF HILTON HEAD ISLAND ASSOCIATES LP NCF-0576 / 04/30/2014	77
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Licensed Beds: Nursing Home: 69 Institutional Nursing Home: 8

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 6 Number Licensed Units: 513

Number of Activities/Facilities licensed in county of <u>Beaufort</u>	# Lics: <u>6</u>
Number Licensed Units :	<u>513</u>

Division of Health Licensing

County: Berkeley

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
HEARTLAND HEALTH CARE CENTER-CHARLESTON 1800 EAGLE LANDING BLVD HANAHAN, SC 29410-8517 FAC.#:843-553-0656 COURY, WILLIAM V PH#: 803-796-8024 Facility Email: 4015-ADMIN@HCR-MANORCARE.COM	Berkeley / Limited Liability 1800 EAGLE LANDING BLVD HANAHAN, SC 29410-8517 HEARTLAND-CHARLESTON OF HANAHAN SC LLC NCF-0526 / 12/31/2014	135

Licensed Beds: Nursing Home: 135 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

LAKE MOULTRIE NURSING HOME 1038 MCGILL LN SAINT STEPHEN, SC 29479-3196 FAC.#:843-567-2307 DRIGGERS, JOANN C PH#: 843-567-2307 Facility Email: JDRIGGERS@CLARENDONHEALTH.COM	Berkeley / District PO BOX 1108 SAINT STEPHEN, SC 29479-1108 CLARENDON HOSPITAL DISTRICT NCF-0738 / 12/31/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

UNIHEALTH POST ACUTE CARE-MONCKS CORNER 505 S LIVE OAK DR MONCKS CORNER, SC 29461-3554 FAC.#:843-761-8368 DAVIS, NITA J PH#: 000-000-0000 Facility Email: LBUKXHART@UHS-PRUITT.COM	Berkeley / Limited Liability 505 S LIVE OAK DR MONCKS CORNER, SC 29461-3554 UNIHEALTH POST ACUTE CARE-MONCKS CORNER LLC NCF-0943 / 10/31/2014	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 3 Number Licensed Units: 355

Number of Activities/Facilities licensed in county of <u>Berkeley</u>	# Lics: <u>3</u>
Number Licensed Units :	<u>355</u>

Division of Health Licensing

County: Charleston

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
BISHOP GADSDEN EPISCOPAL HEALTH CARE CENTER 3 BISHOP GADSDEN WAY CHARLESTON, SC 29412-3500 FAC.#:843-762-3300 TRAWICK, C WILLIAM PH#: 843-762-3300 Facility Email: BILL.TRAWICK@BISHOPGADSDEN.ORG	Charleston / Non-Profit Corporation 1 BISHOP GADSDEN WAY CHARLESTON, SC 29412-3501 BISHOP GADSDEN EPISCOPAL RETIREMENT COMMUNITY NCF-0577 / 04/30/2014	50
Licensed Beds: Nursing Home: 41 Institutional Nursing Home: 9		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
FRANKE HEALTH CARE CENTER 1885 RIFLE RANGE RD MOUNT PLEASANT, SC 29464-9440 FAC.#:843-856-4700 STOLL, SANDRA A PH#: 843-856-4700 Facility Email: SSTOLL@FRANKEATSEASIDE.ORG	Charleston / Non-Profit Corporation 1885 RIFLE RANGE RD MOUNT PLEASANT, SC 29464-9440 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) NCF-0800 / 07/31/2014	44
Licensed Beds: Nursing Home: 44 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
HARVEST HEALTH & REHAB OF JOHNS ISLAND 3647 MAYBANK HWY JOHNS ISLAND, SC 29455-4825 FAC.#:843-559-5888 BYRUM, DENA BYRD PH#: 864-269-3725 Facility Email: DBYRUM@COVENANTDOVE.COM	Charleston / Limited Liability 3647 MAYBANK HWY JOHNS ISLAND, SC 29455-4825 HARVEST HEALTH AND REHAB OF JOHNS ISLAND LLC NCF-0911 / 12/31/2013	132
Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0		
Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		
HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER 1137 SAM RITTENBERG BLVD CHARLESTON, SC 29407-3370 FAC.#:843-763-0233 LESTER, TRISTAN PH#: Facility Email: 531-ADMIN@HCR-MANORCARE.COM	Charleston / Limited Liability 1137 SAM RITTENBERG BLVD CHARLESTON, SC 29407-3370 WEST ASHLEY REHABILITATION AND NURSING CENTER - CHARLESTON SC LLC NCF-0413 / 12/31/2014	125
Licensed Beds: Nursing Home: 125 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0		
Certifications:None		

County: Charleston

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
LIFE CARE CENTER OF CHARLESTON 2600 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9180 FAC. #: 843-764-3500 CLIETT, BETH A PH#: 843-764-3500 Facility Email: Not on File	Charleston / Ltd. Liability 2600 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9180 CHARLESTON MEDICAL INVESTORS LLC NCF-0878 / 11/30/2014	148

Licensed Beds: Nursing Home: 148 Institutional Nursing Home: 0

Alzheimer Care: Yes Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

MOUNT PLEASANT MANOR 921 BOWMAN RD MOUNT PLEASANT, SC 29464-3234 FAC. #: 843-884-8903 WHITE, BRUCE L PH#: 843-884-8903 Facility Email: BWHITE@MOUNTPLEASANTMANOR.COM	Charleston / Ltd. Liability 921 BOWMAN RD MOUNT PLEASANT, SC 29464-3234 MOUNT PLEASANT MANOR LLC NCF-0896 / 05/31/2014	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

NHC HEALTHCARE CHARLESTON 2230 ASHLEY CROSSING DR CHARLESTON, SC 29414-5700 FAC. #: 843-766-5228 ATKINSON, ANGELA PH#: 843-766-5228 Facility Email: ANGATK@GMAIL.COM	Charleston / Limited Liability 2230 ASHLEY CROSSING DR CHARLESTON, SC 29414-5700 NHC HEALTHCARE-CHARLESTON LLC NCF-0871 / 09/30/2014	88
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Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

RIVERSIDE HEALTH AND REHAB 2375 BAKER HOSPITAL BLVD NORTH CHARLESTON, SC 29405-8291 FAC. #: 843-744-2750 COURY, WILLIAM V PH#: 803-796-8024 Facility Email: JIM.THOMAS@FUNDLTC.COM	Charleston / Ltd. Liability 2375 BAKER HOSPITAL BLVD NORTH CHARLESTON, SC 29405-8291 THI OF SOUTH CAROLINA AT CHARLESTON LLC NCF-0870 / 08/31/2014	160
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Licensed Beds: Nursing Home: 160 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

County: Charleston

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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SANDPIPER REHAB & NURSING	Charleston / Limited Liability	176
1049 ANNA KNAPP BLVD	1049 ANNA KNAPP BLVD	
MOUNT PLEASANT, SC 29464-3133 FAC.#:843-881-3210	MOUNT PLEASANT, SC 29464-3133	
FOREMAN, SUSAN PH#: 843-881-3210	SANDPIPER REHAB & NURSING-DELAWARE LLC	
Facility Email: REFER@SANDPIPERCENTER.COM	NCF-0876 / 10/31/2014	

Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

SAVANNAH GRACE AT THE PALMS OF MT PLEASANT	Charleston /	42
1010 LAKE HUNTER CIR	1010 LAKE HUNTER CIR	
MOUNT PLEASANT, SC 29464-5417 FAC.#:843-388-2030	MOUNT PLEASANT, SC 29464-5417	
CARR, JOSEPH J PH#: 864-868-2307	SNH SE SG TENANT LLC	
Facility Email: Not on File	NCF-0926 / 06/30/2014	

Licensed Beds: Nursing Home: 42 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

VIBRA HOSPITAL OF CHARLESTON-TCU	Charleston / Limited Liability	35
1200 HOSPITAL DR	4550 LENA DR STE 225	
MOUNT PLEASANT, SC 29464-3251 FAC.#:843-375-4200	MECHANICSBURG, PA 17055-4920	
CASE, KARLENE PH#: 843-375-4200	VIBRA HOSPITALOF CHARLESTON LLC	
Facility Email: TINA.MCDONALD@KINDRED.COM	NCF-0960 / 08/31/2014	

Licensed Beds: Nursing Home: 35 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

WHITE OAK MANOR CHARLESTON	Charleston / Corporation	176
9285 MEDICAL PLAZA DR	9285 MEDICAL PLAZA DR	
N CHARLESTON, SC 29406-9126 FAC.#:843-797-8282	N CHARLESTON, SC 29406-9126	
WALKER, RUTH P PH#: 843-797-8282	WHITE OAK MANOR CHARLESTON INC	
Facility Email: Not on File	NCF-0892 / 12/31/2014	

Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing Home

Number of Activities/Facilities licensed: 12 Number Licensed Units: 1,308

County: Charleston

Number of Activities/Facilities licensed in county of	<u>Charleston</u>	# Lics: <u>12</u>
	Number Licensed Units :	<u>1,308</u>

Division of Health Licensing

County: Colleton

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
UNIHEALTH POST-ACUTE CARE OAKWOOD 401 WITSELL ST WALTERBORO, SC 29488-3052 FAC.#:843-549-5546 STEPHENSON, REBECCA S PH#: 843-549-5546 Facility Email: RESTEPHENSON@UHS-PRUITT.COM	Colleton / Ltd. Liability 401 WITSELL ST WALTERBORO, SC 29488-3052 UNIHEALTH POST-ACUTE CARE OAKWOOD LLC NCF-0949 / 10/31/2014	132

Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

VETERANS VICTORY HOUSE 2461 SIDNEYS RD WALTERBORO, SC 29488-6783 FAC.#:843-538-3000 FERGUSON, SANDRA L PH#: 864-224-3898 Facility Email: AFIELDS@HMRVSI.COM	Colleton / State 2461 SIDNEYS RD WALTERBORO, SC 29488-6783 SC DEPARTMENT OF MENTAL HEALTH NCF-0921 / 10/31/2014	220
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Licensed Beds: Nursing Home: 220 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 2 Number Licensed Units: 352

Number of Activities/Facilities licensed in county of <u>Colleton</u>	# Lics: <u>2</u>
Number Licensed Units : <u>352</u>	

County: Dorchester

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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HALLMARK HEALTHCARE CENTER	Dorchester / Ltd. Liability	88
255 MIDLAND PKWY	255 MIDLAND PKWY	
SUMMERVILLE, SC 29485-8104 FAC.#:843-821-5005	SUMMERVILLE, SC 29485-8104	
STINSON, DURENA PH#: 843-821-5005	PALMETTO HALLMARK OPERATING LLC	
Facility Email: ADMIN.HASU.SC@PALMETTOLTC.COM	NCF-0932 / 09/30/2014	

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

OAKBROOK HEALTH & REHABILITATION CENTER	Dorchester / Ltd. Liability	88
920 TRAVELERS BLVD	920 TRAVELERS BLVD	
SUMMERVILLE, SC 29485-8213 FAC.#:843-875-9053	SUMMERVILLE, SC 29485-8213	
BEE, BRYAN PH#:	PALMETTO OAKBROOK OPERATING LLC	
Facility Email: ADMIN.OA.SC@PALMETTOLTC.COM	NCF-0923 / 09/30/2014	

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

PRESBYTERIAN HOME OF SOUTH CAROLINA - SUMMERVILLE	Dorchester / Non-Profit Corporation	87
201 W 9TH NORTH ST	201 W 9TH NORTH ST OFC 140	
SUMMERVILLE, SC 29483-6721 FAC.#:843-873-2550	SUMMERVILLE, SC 29483-6701	
MILLER, ROBIN C PH#: 843-873-2550	PRESBYTERIAN HOME OF SOUTH CAROLINA	
Facility Email: RMILLER@PRESHOMESC.ORG	NCF-0202 / 04/30/2014	

Licensed Beds: Nursing Home: 87 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

ST GEORGE HEALTHCARE CENTER	Dorchester / Ltd. Liability	88
905 DUKES ST	905 DUKES ST	
SAINT GEORGE, SC 29477-2059 FAC.#:843-563-4602	SAINT GEORGE, SC 29477-2059	
FLANSBURG, CHRISTINE L PH#: 000-000-0000	PALMETTO ST GEORGE OPERATING LLC	
Facility Email: ADMIN.STGE.SC@PALMETTOLTC.COM	NCF-0924 / 09/30/2014	

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing Home

Number of Activities/Facilities licensed: 4 Number Licensed Units: 351

County: Dorchester

Number of Activities/Facilities licensed in county of	<u>Dorchester</u>	# Lics: <u>4</u>
	Number Licensed Units :	<u>351</u>

County: Georgetown

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
GEORGETOWN HEALTHCARE & REHAB 2715 S ISLAND RD GEORGETOWN, SC 29440-4415 FAC.#:843-546-4123 BRYANT, COLBY E PH#: 843-553-0656 Facility Email: ADMIN@GEORGETOWNHEALTHCARE.NET	Georgetown / Limited Liability 2715 S ISLAND RD GEORGETOWN, SC 29440-4415 GEORGETOWN HC&R NURSING LLC NCF-0633 / 12/31/2013	84

Licensed Beds: Nursing Home: 84 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

LAKES AT LITCHFIELD SKILLED NURSING CENTER 80 TIMBERVIEW CT PAWLEYS ISLAND, SC 29585-5798 FAC.#:843-235-9393 RICHARDSON, JACQUE W PH#: 843-235-9393 Facility Email: HCRIIBB@LAKES-LITCHFIELD.COM	Georgetown / Ltd. Liability 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-5515 LITCHFIELD RETIREMENT LLC NCF-0843 / 12/31/2014	24
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Licensed Beds: Nursing Home: 17 Institutional Nursing Home: 7

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

PRINCE GEORGE HEALTHCARE CENTER 901 MAPLE ST GEORGETOWN, SC 29440-4333 FAC.#:843-546-6101 OTHMAN, MOHAMED PH#: 843-546-6101 Facility Email: ADMIN.PR.SC@PALMETTOLTC.COM	Georgetown / Ltd. Liability 901 MAPLE ST GEORGETOWN, SC 29440-4333 PALMETTO PRINCE GEORGE OPERATING LLC NCF-0930 / 09/30/2014	148
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Licensed Beds: Nursing Home: 148 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing Home

Number of Activities/Facilities licensed: 3 Number Licensed Units: 256

Number of Activities/Facilities licensed in county of Georgetown # Lics: 3
Number Licensed Units : 256

Division of Health Licensing

County: Horry

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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AGAPE REHABILITATION OF CONWAY 2320 HWY 378 CONWAY, SC 29527-4911 FAC.#:843-397-2273 MYERS, MITZI PH#: 803-329-6565 Facility Email: MMYERS@AGAPESENIOR.COM	Horry / Corporation 2320 HWY 378 CONWAY, SC 29527-4911 AGAPE REHABILITATION OF CONWAY INC NCF-0954 / 03/31/2014	95
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Licensed Beds: Nursing Home: 95 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

BRIGHTWATER SKILLED NURSING CENTER 171 BRIGHTWATER DR MYRTLE BEACH, SC 29579 FAC.#:843-903-8300 PH#:	Horry / Limited Liability 171 BRIGHTWATER DR MYRTLE BEACH, SC 29579 BRIGHTWATER RETIREMENT LLC NCF-0955 / 04/30/2014	67
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Facility Email: MTREMBLE@BRIGHTWATER-LIVING.COM

Licensed Beds: Nursing Home: 67 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

CONWAY MANOR 3300 4TH AVE CONWAY, SC 29527-6002 FAC.#:843-248-5728 TILLER, RAYMOND G PH#: 843-248-5728	Horry / Ltd. Liability 3300 4TH AVE CONWAY, SC 29527-6002 CONWAY MANOR LLC NCF-0899 / 05/31/2014	190
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Facility Email: RTILLER@CONWAYMANOR.NET

Licensed Beds: Nursing Home: 190 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

COVENANT TOWERS HEALTH CARE 5001 LITTLE RIVER RD MYRTLE BEACH, SC 29577-2478 FAC.#:843-449-2484 HENDRICK, DEBBIE M PH#: 843-449-2484	Horry / Non-Profit Corporation 5001 LITTLE RIVER RD, COVENANT TOWERS W-505 MYRTLE BEACH, SC 29577-2478 COVENANT TOWERS HOMEOWNERS ASSOCIATION INC NCF-0469 / 08/31/2014	30
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Facility Email: DEBBIE@COVENANTTOWERS.COM

Licensed Beds: Nursing Home: 30 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Division of Health Licensing

County: Horry

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
GRAND STRAND HEALTHCARE 4452 SOCASTEE BLVD MYRTLE BEACH, SC 29588-7253 FAC.#:843-293-1137 BRANTON, HAROLD D PH#: 843-293-1137 Facility Email: NORMA29578@AOL.COM	Horry / Corporation 4452 SOCASTEE BLVD MYRTLE BEACH, SC 29588-7253 GRAND STRAND HEALTHCARE INC NCF-0573 / 03/31/2014	88
Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
KINGSTON NURSING CENTER 2379 CYPRESS CIR CONWAY, SC 29526-8921 FAC.#:843-347-8179 FOWLER, LAURA L PH#: 843-347-8179 Facility Email: LFOWLER@CMC-SC.COM	Horry / Non-Profit Corporation PO BOX 1496 CONWAY, SC 29528-1496 CONWAY HOSPITAL INC NCF-0518 / 06/30/2014	88
Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0		
Alzheimer Care:Yes Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
LORIS EXTENDED CARE CENTER 3620 STEVENS ST LORIS, SC 29569-2953 FAC.#:843-756-7106 JOHNSON, LINDA L PH#: 843-716-7106 Facility Email: LJOHNSON@MCLEODHEALTH.ORG	Horry / Non-Profit Corporation 3620 STEVENS ST LORIS, SC 29569-2953 MCLEOD LORIS SEACOAST HOSPITAL NCF-0207 / 01/31/2014	88
Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
MYRTLE BEACH MANOR 9547 HWY 17 N MYRTLE BEACH, SC 29572-0000 FAC.#:843-449-5283 BEARD, MICHAEL PH#: 843-449-5283 Facility Email: MBEARD@5SQC.COM	Horry / Corporation 400 CENTRE ST, FIVE STAR QUALITY CARE- LICENSING NEWTON, MA 02458-2094 FS TENANT POOL I TRUST NCF-0829 / 01/31/2014	60
Licensed Beds: Nursing Home: 60 Institutional Nursing Home: 0		
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		

Division of Health Licensing

County: Horry

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
NHC HEALTHCARE GARDEN CITY 9405 HWY 17 BYP MURRELLS INLET, SC 29576-9301 FAC.#:843-650-2213 SELLARS, GIDEON PH#: 843-650-2213 Facility Email: REMSMOM@AOL.COM	Horry / Ltd. Liability PO BOX 309 MURRELLS INLET, SC 29576-0309 NHC HEALTHCARE/GARDEN CITY LLC NCF-0825 / 10/31/2014	148

Licensed Beds: Nursing Home: 148 Institutional Nursing Home: 0

Alzheimer Care: No Max # Resident: 0 Alzheimer Unit: No Max # Beds: 0

Certifications: None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 9 Number Licensed Units: 854

Number of Activities/Facilities licensed in county of <u>Horry</u>	# Lics: <u>9</u>
Number Licensed Units : <u>854</u>	

Division of Health Licensing

County: Jasper

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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RIDGELAND NURSING CENTER	Jasper / Corporation	88
1516 GRAYS HWY	PO BOX 1570	
RIDGELAND, SC 29936-5440 FAC.#:843-726-5581	RIDGELAND, SC 29936-2627	
BOYLES, SHERI P PH#: 843-726-5581	RIDGELAND NURSING CENTER INC	
Facility Email: SBOYLES@RIDGELANDNC.COM	NCF-0553 / 08/31/2014	

Licensed Beds: Nursing Home: 88 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 1 Number Licensed Units: 88

Number of Activities/Facilities licensed in county of <u>Jasper</u>	# Lics: <u>1</u>
Number Licensed Units : <u>88</u>	

Report Totals:

Total Number of Activities/Facilities licensed 40 Total Number Licensed Units: 4,077